

FILED DEC 27 1950.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43028

State File No.

10637

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10637	
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 920			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foristel			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hamilton-Wilshire, Hotel				d. STREET ADDRESS (If rural, give location) Box 131			
3. NAME OF DECEASED (Type or Print)		a. (First) 956 Hamilton		b. (Middle) Lee		c. (Last) Williamson	
4. DATE OF DEATH		(Month) (Day) (Year)		Dec. 11, 1950			
5. SEX Male 1	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Jan. 11, 1919		9. AGE (In years last birthday) 31	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (State or foreign country) Dextor, Missouri 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ray Williamson		13b. MOTHER'S MAIDEN NAME Pearl Smith		14. NAME OF HUSBAND OR WIFE Rosamond Williamson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or date of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosamond Williamson, #20 Montague Ct			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Cardiac Disease. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Fever. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Venous of lower lobes 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7 R. Lung.				INTERVAL BETWEEN ONSET AND DEATH Indef. Indef. Indef.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4/6 X			
22. I hereby certify that I attended the deceased from Dec 1, 1950, to Dec. 11, 1950, that I last saw the deceased alive on Dec 11, 1950, and that death occurred at 9:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. J. Riegler M.D.		23b. ADDRESS 4148 Newstead		23c. DATE SIGNED 12/12/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24b. DATE 12/15/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 13		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 N. Grand Bl.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Rheumatoid heart disease

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. 3077

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.